

UNITED STATES DISTRICT COURT

for the

Northern District of California

FRANK J. FERNANDEZ

Plaintiff

v.

SUSAN RISENMOOVER

Defendant

)

)

)

)

)

Civil Action No. CV 08-01266 CRB

**Summons in a Civil Action**

To: *(Defendant's name and address)*

see Attachment

A lawsuit has been filed against you.

Within 20 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

Frank J. Fernandez, D-61222, P.O. Box 7500, D3-110, Crescent City, CA 95531

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 8/27/08

*Richard W. Wieking*

Name of clerk of court

*Heila Rahn*

Deputy clerk's signature

*(Use 60 days if the defendant is the United States or a United States agency, or is an officer or employee of the United States allowed 60 days by Rule 12(a)(3).)*

**Proof of Service**

I declare under penalty of perjury that I served the summons and complaint in this case on \_\_\_\_\_,  
by:

(1) personally delivering a copy of each to the individual at this place, \_\_\_\_\_;  
\_\_\_\_\_ ; or

(2) leaving a copy of each at the individual's dwelling or usual place of abode with \_\_\_\_\_  
who resides there and is of suitable age and discretion; or

(3) delivering a copy of each to an agent authorized by appointment or by law to receive it whose name is  
\_\_\_\_\_ ; or

(4) returning the summons unexecuted to the court clerk on \_\_\_\_\_ ; or

(5) other (*specify*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

Date: \_\_\_\_\_

\_\_\_\_\_  
Server's signature

\_\_\_\_\_  
Printed name and title

\_\_\_\_\_  
Server's address

**Attachment to Civil Summons:**

**Case No. C 08-1266 CRB**

Susan Risenhoover, FNP  
Pelican Bay State Prison  
P.O. Box 7500  
Crescent City, CA 95531

Michael Sayre, MD  
Pelican Bay State Prison  
P.O. Box 7500  
Crescent City, CA 95531

C.E. Wilber, CC II  
Pelican Bay State Prison  
P.O. Box 7500  
Crescent City, CA 95531

Joseph J. Kravitz  
Pelican Bay State Prison  
P.O. Box 7500  
Crescent City, CA 95531

Maureen McLean, FNP  
Pelican Bay State Prison  
P.O. Box 7500  
Crescent City, CA 95531

R. Pimmentel, Captain  
California Department of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001

N. Grannis  
Chief of Inmate Appeals  
California Department of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

|  |   |
|--|---|
| PLAINTIFF<br>Frank J. Fernandez        | COURT CASE NUMBER<br>C 08-1266 CRB              |
| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Susan Risenhoover, FNP

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)**\$0.00**

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

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U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

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|  |   |
|--|---|
| PLAINTIFF<br>Frank J. Fernandez        | COURT CASE NUMBER<br>C 08-1266 CRB              |
| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Michael Sayre, MD

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

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(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

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on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

|             |   |                |               |                  |  |
|-------------|---|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges<br>including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or<br>(Amount of Refund*) |
|             |   |                |               |                  | <b>\$0.00</b>  |

REMARKS:

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2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,  
if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

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U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

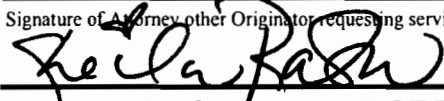
See "Instructions for Service of Process by U.S. Marshal"

|  |  |   |   |
|--|--|---|---|
| PLAINTIFF<br>Frank J. Fernandez        |  | COURT CASE NUMBER<br>C 08-1266 CRB                |   |
| DEFENDANT<br>Susan Risenhoover, et al. |  | TYPE OF PROCESS<br>Summons, Order and Complaint   |   |
| <b>SERVE<br/>AT</b>                    | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br>C.E. Wilber, CC II         |   |   |
|  | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531 |   |   |
|  | SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW   |   |   |
|  |  | Number of process to be served with this Form 285 | 3 |
|  |  | Number of parties to be served in this case       | 7 |
|  |  | Check for service on U.S.A.                       |   |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

|   |   |                                    |                 |
|---|---|------------------------------------|-----------------|
| Signature of Attorney or other Originator requesting service on behalf of:<br> | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>(415) 522-2099 | DATE<br>8/27/08 |
|---|---|------------------------------------|-----------------|

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

|   |                        |                                 |                                |   |               |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br>_____ | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk<br>_____ | Date<br>_____ |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |  |      |  |  |  |
|--|--|------|--|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode   |      |  |  |  |
| Address (complete only different than shown above)       | <table border="1"> <tr> <td>Date</td> <td>Time<br/><input type="checkbox"/> am<br/><input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy<br/>_____</td> </tr> </table> | Date | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm | Signature of U.S. Marshal or Deputy<br>_____ |  |
| Date   | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm   |      |  |  |  |
| Signature of U.S. Marshal or Deputy<br>_____             |  |      |  |  |  |

|             |  |                |               |                  |  |
|-------------|--|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*)<br><b>\$0.00</b> |
|-------------|--|----------------|---------------|------------------|--|

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

|  |   |
|--|---|
| PLAINTIFF<br>Frank J. Fernandez        | COURT CASE NUMBER<br>C 08-1266 CRB              |
| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

|                     |  |
|---------------------|--|
| <b>SERVE<br/>AT</b> | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN                               |
|                     | Joseph J. Kravitz, CC II   |
|                     | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br>Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531 |

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

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number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)**\$0.00**

REMARKS:

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1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

|  |   |
|--|---|
| PLAINTIFF<br>Frank J. Fernandez        | COURT CASE NUMBER<br>C 08-1266 CRB              |
| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Maureen McLean, FNP

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

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number of process indicated.  
(Sign only for USM 285 if more  
than one USM 285 is submitted)

Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)Name and title of individual served (*if not shown above*)☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abodeAddress (*complete only different than shown above*)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

|             |   |                |               |                  |  |
|-------------|---|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges<br>including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or<br>(Amount of Refund*) |
|             |   |                |               |                  | <b>\$0.00</b>  |

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PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

|  |   |
|--|---|
| PLAINTIFF<br>Frank J. Fernandez        | COURT CASE NUMBER<br>C 08-1266 CRB              |
| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

R. Pimentel, Captain

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

California Department of Corrections, P.O. Box 942883, Sacramento, CA 94283-0001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

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Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

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Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

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☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (*complete only different than shown above*)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

|             |   |                |               |                  |  |
|-------------|---|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges<br>including <i>endeavors</i> ) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or<br>(Amount of Refund*) |
|             |   |                |               |                  | <b>\$0.00</b>  |

REMARKS:

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U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

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|--|---|
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| DEFENDANT<br>Susan Risenhoover, et al. | TYPE OF PROCESS<br>Summons, Order and Complaint |

**SERVE  
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

N. Grannis, Chief of Inmate Appeals

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

California Department of Corrections, P.O. Box 942883, Sacramento, CA 94283-0001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be  
served with this Form 285

3

Number of parties to be  
served in this case

7

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney, Other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

(415) 522-2099

DATE

8/27/08

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Total Process

District of  
Origin

No. \_\_\_\_\_

District to  
Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

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☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

Time

☐ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)**\$0.00**

REMARKS:

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